AIMS For a better birth...

Keeping MUM: Reflections on a campaign to save a maternity unit

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The Keep MUM campaign of 2000–2001 started as a letter to a newspaper. Here, campaign coordinator Avril Nicoll reflects on its success

In 2000, acute services in Scotland were being reviewed; centralisation was the name of the game. At a breastfeeding group, I suggested we write a letter to the local newspaper arguing for the retention of the maternity unit in Montrose. Thus, the Keep MUM campaign was born. A year later, the decision was made to retain two of the units.

Today, as a 'midwife-led community maternity unit', Montrose goes from strength to strength.[1] So far this year, more than 50 per cent of the locals have given birth there, over 30 miles from the nearest consultant unit. Active birth is taught and facilitated, episiotomies are rare and intrapartum transfer is low. A birthing pool is being installed, and training is underway to ensure as many women as possible benefit.

Leadership

All campaigns needs leadership. While many people provided ideas, and moral and practical support, someone had to pull it all together and ensure a consistent strategic direction—and be prepared to commit whatever time it took, whenever the need arose and for however long it required.

Why did this fall to me? I used to be involved in politics and was raised in a campaigning household. I also had some training and experience in public relations and, as a speech and language therapist, I was au fait with the NHS. Crucially, I had a raging sense of injustice borne out of personal experience of maternity services, and a wider knowledge built up through reading during my second pregnancy.

A positive campaign

Beverley Beech always said to focus on outcomes—one of the most important pieces of advice I have had. Initially, I tried to tie the campaign in with the caesarean issue, but got dogs' abuse from the husband of a woman who had an emergency CS for "making my wife out to be a failure". My husband's solution—always concentrate on the positive - defined the rest of the campaign: no criticism of anywhere else, but simply focusing on the benefits of Montrose. 'Keep MUM—a positive campaign' was our slogan.

Montrose had huge potential that was not being realised. Our arguments hinged on what could be

achieved at the unit, including a target of 50 per cent of local women giving birth there, a shift to an active-birth philosophy, an end to the admission trace, consideration of the benefits of alternative methods of coping with pain in labour and the installation of a birthing pool. As well as AIMS and its publications, the Birth Centre Network UK was also a tremendous resource.

Public attitudes were both a strength and a barrier. Typical comments betrayed a huge void of awareness of what makes good maternity care: "I can't believe they're thinking of closing the maternity unit. Of course, I wouldn't use it myself for delivery, as Ninewells is safer, but it's great to come back to— just like a hotel." "It's just as well I went to Ninewells because I needed an epidural and forceps and loads of stitches. It was horrendous—just imagine what would have happened if I'd been at Montrose! But I really hope they keep it open because you can stay in as long as you want postnatally, and they give you lots of help with breastfeeding."

Comments from midwives showed how disempowered they were becoming: "We can't say to women that there are risks associated with going to a consultant unit." "We would be happy to deliver women in any position they want, but there's very little demand for birth in alternative positions." It was important for the campaign to support midwives, and show them what they could do, given the permission.

In practical terms, a graphic designer came up with the logo, now used on most Angus maternity-services literature. Another supporter developed a leaflet to gather comments from local people. These quotes were a superb resource, both for understanding the reasons why locals wanted to retain the unit, and for using them to support our arguments.

A petition was set up, asking the health board to retain the Montrose unit. We raised the issue at public meetings, and had the free use of a vacant shop, which provided good publicity opportunities. T-shirts made by a supporter gave further fantastic publicity, especially as a TV news item, while a short-lived website got into the local papers. A local hotel gave us a room free one afternoon for a meeting of 50 people to discuss the campaign and confirm the strategy.

Writing press releases and being available for comment was an enormous responsibility. The campaign finally ended with a board-organised seminar of professionals and women from Angus and the RCM in Scotland, which agreed to recommend two midwife-led units, including Montrose.

Only the beginning

The end of the campaign was really only the beginning. It heralded the start of the Angus Maternity Services Liaison Committee (with me as a user rep), and a new era of public involvement in the development of maternity services.

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1. Leatherbarrow B et al. From vision to reality: the development of a community maternity unit. RCM Midwives J, 2004; 7 (5): 212–5 Reports